



PUBLIC EMPLOYMENT RELATIONS COMMISSION

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PETITION FOR INVESTIGATION OF
QUESTION CONCERNING REPRESENTATION☐ Amended Petition in Case _____

DO NOT WRITE IN THIS SPACE

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PUBLIC EMPLOYMENT
RELATIONS COMMISSION

Instructions: www.perc.wa.gov/Forms/E-1-inst.pdf Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

1. PARTIES The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.

EMPLOYER Washington State Office of Insurance ATTORNEY OR REPRESENTATIVE UNKNOWN
 CONTACT PERSON Vernon Stoner ADDRESS _____
 ADDRESS PO Box 40256
 CITY, STATE, ZIP Olympia, WA 98504-0256 CITY, STATE, ZIP _____
 TELEPHONE 360-725-7047 ext. _____ TELEPHONE _____ ext. _____
 FAX 360-576-2018 FAX _____
 E-MAIL VERNONS@OR.WA.GOV E-MAIL _____

PETITIONER Larry A. Omdal ATTORNEY OR REPRESENTATIVE Dennis Redmon
 CONTACT PERSON ADDRESS 1118 East D Street #7
 ADDRESS PO Box 207
 CITY, STATE, ZIP Medina, WA 98039 CITY, STATE, ZIP Tacoma WA 98421
 TELEPHONE 425-417-9311 ext. _____ TELEPHONE 206-713-5768 ext. _____
 FAX _____ FAX _____
 E-MAIL larryaomdal@hotmail.com E-MAIL dennis@fairwa.org

INCUMBENT BARGAINING REPRESENTATIVE Indicate one.

☐ The parties are not currently represented for bargaining; OR☒ The employees involved are currently represented by the organization below.

ORGANIZATION Washington Federation of State Employees ATTORNEY OR REPRESENTATIVE UNKNOWN
 CONTACT PERSON ADDRESS _____
 ADDRESS 1212 Jefferson St SE, Suite 300
 CITY, STATE, ZIP Olympia WA 98501 CITY, STATE, ZIP _____
 TELEPHONE 800-562-6002 ext. _____ TELEPHONE _____ ext. _____
 FAX 360-352-7608 FAX _____
 E-MAIL UNKNOWN E-MAIL _____

2. DESIGNATION OF REQUEST Indicate one.

☐ **RECOGNITION REQUEST** The petitioner requests certification as exclusive representative of the bargaining unit.☐ **CHANGE OF REPRESENTATIVE** The employees in the bargaining unit desire to designate the petitioner as their exclusive bargaining representative.☒ **DECERTIFICATION** The employees in the bargaining unit no longer wish to be represented by any employee organization.☐ **EMPLOYER PETITION - DEMAND FOR RECOGNITION** The employer has been presented with one or more demands for recognition (per attached documentation) and requests a determination by the Commission.☐ **EMPLOYER PETITION - INCUMBENCY QUESTIONED** The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire to representation by the incumbent bargaining representative.

4. OTHER RELEVANT FACTS Indicate one.

☐ Additional information is set forth on separate sheets of paper attached to this petition.

5. SHOWING OF INTEREST

A petition filed by an organization or employees must be accompanied by a showing of interest indicating that the petitioner has the support of 30% or more of the employees in the bargaining unit.

Delivered by Representative with petition copy

3. BARGAINING UNIT

EMPLOYER'S PRINCIPAL BUSINESS Insurance Regulation DEPARTMENT OR DIVISION INVOLVED Insurance CommissionerCOLLECTIVE BARGAINING AGREEMENT Indicate one.
☐ The parties have never had a contract; OR☒ A copy of the parties' current (or most recent) collective bargaining agreement is attached.NUMBER OF
EMPLOYEES
IN UNIT 26

DESCRIPTION Indicate inclusions, exclusions, contract page or case/decision number.

Non-supervisory insurance examiners

6. AUTHORIZED SIGNATURE FOR PETITIONER

PRINT NAME Larry A. Omdal TITLE Ins. Comm. 3SIGNATURE Larry A. Omdal DATE 3-31-2009April 1, 2009